

IMPORTANT NOTICE - GLOBAL GROWTH ASSETS NO LONGER ACCEPTS CHEQUE AND THAT ALL PAYMENT MUST BE WIRED

A. Client Information

First Name _____ Initial _____ Last Name _____ SIN _____
 Address _____ Date of Birth _____
 (dd/mm/yyyy)
 City _____ Prov _____ Postal Code _____
 () _____ () _____
 Home PH Number _____ Business PH Number _____

B. Receiving Institution - Transferee

Global Growth Assets Inc. c/o Apex Fund Services (Canada) Ltd. Telephone: 416-639-9384 A\$M Code: GPF
333 Bay St. Suite 1130, Toronto, ON M5H 2R2 Email: GGTA@apexgroup.com
 Client Account: _____
Dealer Information:

Rep Name _____ Rep Number _____ () _____
 Rep PH Number _____
 Dealer Name _____ Dealer Number _____ Dealer Acct Number (if applicable) _____
 Registered Type:
 RRSP LIF LIRA LRIF TFSA RRIF Spousal RRSP Spousal RRIF

Fund Name	Fund Code (FE)	FE Fee (if any)	Fund Code LL	Fund Code DSC	\$/% Amount

C. Relinquishing Institution Information - Transferor

Relinquishing Institution Name _____
 Address _____ City _____ Prov _____ Postal Code _____
 I wish to transfer: All in Cash All As Is (In Kind) All Assets but Mixed in Cash and As Is Partial
 Client Account Number: _____

Investment Selection:

	Investment Name	Symbol	Amount <input type="checkbox"/> \$ <input type="checkbox"/> %
<input type="checkbox"/> In Kind <input type="checkbox"/> Shares/Units <input type="checkbox"/> In Cash <input type="checkbox"/> Cash			
<input type="checkbox"/> In Kind <input type="checkbox"/> Shares/Units <input type="checkbox"/> In Cash <input type="checkbox"/> Cash			
<input type="checkbox"/> In Kind <input type="checkbox"/> Shares/Units <input type="checkbox"/> In Cash <input type="checkbox"/> Cash			

D. Client Authorization

I hereby request the transfer of my account and its investments as described above.
***WHERE I HAVE REQUESTED A TRANSFER IN CASH, I AUTHORIZE THE LIQUIDATION OF ALL OR PART OF MY INVESTMENTS AND AGREE TO PAY ANY APPLICABLE FEES, CHARGES OR ADJUSTMENTS.**
 X
 Signature of Account Holder _____ Date (dd/mm/yyyy) _____

E. For Use by Relinquishing Institution

Registered Type: RRSP TFSA LIRA LRIF RRIF Spousal RRSP Spousal RRIF LIF: Federal LIF Old LIF New LIF
 We have transferred: \$ _____ as per the client instructions above
 () _____
 Authorized Person Name _____ Authorized Person Position _____ Authorized Person PH Number _____
 X
 Authorized Person Signature _____ Date (dd/mm/yyyy) _____

F. For Use by Receiving Institution

We agree to the above for a direct transfer of property in the amount of: \$ _____
 We have received the property and will credit it to the Applicant under the Plan.
 () _____
 Authorized Person Name _____ Authorized Person Position _____ Authorized Person PH Number _____
 X
 Authorized Person Signature _____ Date (dd/mm/yyyy) _____